

**FACILITY EVALUATION REPORT**

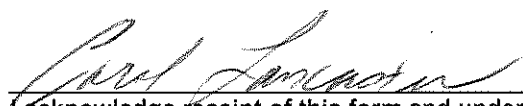
<b>FACILITY NAME:</b>	INTERMOUNTAIN CHILDREN'S HOME	<b>FACILITY NUMBER:</b>	602300021
<b>ADMINISTRATOR:</b>	FITZGERALD, JIM	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	500 SOUTH LAMBORN	<b>TELEPHONE:</b>	(406) 442-7920
<b>CITY:</b>	HELENA	<b>ZIP CODE:</b>	59601
<b>CAPACITY:</b>	32	<b>STATE:</b>	MT
<b>TYPE OF VISIT:</b>	Case Management (Re-Cert.)	<b>CENSUS:</b>	30
<b>MET WITH:</b>	Lora Cowee, Director of Operations; Spring FitzGerald, Health Information Manager; Mitch Johnson, Residential Manager	<b>UNANNOUNCED</b>	
		<b>DATE:</b>	04/20/2007
		<b>TIME BEGAN:</b>	09:00 AM
		<b>TIME COMPLETED:</b>	03:30 PM

**NARRATIVE**

1 PURPOSE OF VISIT:  
2  
3 As mandated by California law, this annual visit was performed by the undersigned analyst for the purpose of  
4 re-certification and to verify that the facility continues to:  
5 

- 6 have the resources and ability to accept and provide safe, suitable 24-hour residential care and treatment  
7 to children who have been adjudged social service dependents or probation wards by a California  
8 Juvenile Court.
- 9 remain in substantial compliance with California regulations governing children's residential group home  
10 care as well as remaining in compliance with applicable laws, regulations and standards in the state of  
11 their location.

  
12 CDSS CERTIFICATION HISTORY AND PROGRAM DESCRIPTION:  
13  
14 Intermountain Children's Home was first certified by CDSS August 1, 2005 subsequent to a two-day initial  
15 on-site visit performed by an analyst with the Out-of-State Certification Unit on April 28-29, 2005.  
16 (Note: For a description of Intermountain's philosophy and complete overview and analysis of the program  
17 offered, reference the August 1, 2005 report.)  
18  
19 CALIFORNIA PLACING AGENCIES:  
20  
21 At the time of this year's visit, there were 30 children in residence from ten different states - one of which  
22 being California. Of the 30 children, 18 were placed by social service agencies within the various states  
23 represented; 12 were private (parental) placements. All five California children in residence were private  
24 placements.  
25

**SUPERVISOR'S NAME:** Marian Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 323-1692**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/24/2007  
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/24/2007  
J Fitzgerald EXECUTIVE DIRECTOR  
This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)**Out of State Cert, 744 P Street, M.S. 19-50  
Sacramento, CA 95814**FACILITY NAME:** INTERMOUNTAIN CHILDREN'S HOME**FACILITY NUMBER:** 602300021**VISIT DATE:** 04/20/2007**NARRATIVE****1** FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

**2**  
**3** Since last year's visit, all four living cottages were remodeled so as to provide all eight clients in each cottage  
**4** to have their own bedroom and bath. Clients are additionally encouraged to individualize their bedrooms  
**5** through personal taste, decor and accessories which lends each to be more comfortable and home-like; thus,  
**6** promote a sense of belonging and attachment. In addition, each cottage will soon be undergoing new  
**7** flooring installation throughout the common living areas.  
**8**

**9** No significant programmatic changes have occurred over the last year.  
**10**

**11** FIRE CLEARANCE:

**12**  
**13** The facility was last inspected by City of Helena Fire Department officials on August 18, 2006. The facility  
**14** subsequently self-certified that all corrections to minor violations were made in a timely manner.  
**15**

**16** LOCAL STATE LICENSING / COMPLAINT ISSUES:

**17**  
**18** A letter from the State of Montana, Department of Public Health and Human Services dated January 30, 2007  
**19** reflects that all four cottages were reissued a "Therapeutic Youth Group Home" license effective February 1,  
**20** 2007 through January 31, 2008.  
**21**

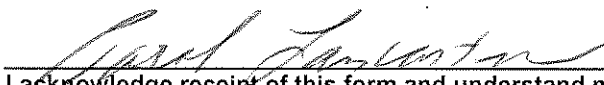
**22** HEALTH DEPARTMENT AND/OR OTHER COLLATERAL AGENCY CLEARANCES:

**23**  
**24** A report by the Montana Department of Public Health and Human Services, Food and Consumer Safety  
**25** Section reflects that on January 20, 2007, the facility's main kitchen and food service operation was  
**26** inspected. No deficiencies were cited and the inspector commented in writing, "No problems were noted.  
**27** Nice, clean, well organized food service facility."  
**28**

**29** ADMINISTRATION AND PLAN OF OPERATION REVIEW:

**30**  
**31** No significant programmatic and/or changes in administrative staff are noted.  
**32** (Note: For a description of Intermountain's philosophy and complete overview and analysis of the  
program offered, reference the August 1, 2005 report.)

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 **EXECUTIVE DIRECTOR**

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Sacramento, CA 95814**FACILITY NAME:** INTERMOUNTAIN CHILDREN'S HOME**FACILITY NUMBER:** 602300021**VISIT DATE:** 04/20/2007**NARRATIVE**SCOPE OF RE-CERTIFICATION REVIEW:

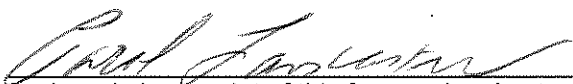
- Collection of updated and current organization and program information and material.
- Entrance interview, tour and exit interview with Lora Cowee, Director of Operations; Spring FitzGerald, Health Information Manager; and Mitch Johnson, Residential Manager.
- Facility tour encompassed the following areas being examined: All four residential cottages, day services areas (school/ classrooms; cafeteria/food service area; indoor and outdoor recreation areas;) and administrative, therapy and staff offices .
- Assessment of accommodations, furniture/bedding, equipment, food and cleaning supplies, medical and first aid supplies.
- Observation of staff supervision and staff to client interactions.
- Assessment of emergency procedures - - i.e., posted exit and evacuation routes; presence of fire extinguishers and adequate first aid and other emergency related supplies.

OUT-OF-STATE CERTIFICATION FINDINGS, AREAS OF CONCERN AND THOSE REQUIRING CORRECTION:

No areas of concern or substandard conditions are noted. Overall, the facility appears clean, safe, sanitary and in good repair with accommodations, equipment, toys and activities that are age appropriate and which lend themselves to create a cheerful, positive treatment mileau that offers it's clientele hope and a chance to heal and grow.

CERTIFICATION DECISION:

Re-certify.

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